

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751186

Entity Name: LAUREL OAKS EAST HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**ATLANTIS MANAGEMENT SERVICES
11011 SHERIDAN STREET SUITE 208
COOPER CITY, FL 33026**Current Mailing Address:**ATLANTIS MANAGEMENT SERVICES
11011 SHERIDAN STREET SUITE 208
COOPER CITY, FL 33026 US**FEI Number:** 59-2135308**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROUGH, CHADROW & LEVINE, PA
2149 N COMMERCE PKWY
WESTON, FL 33326 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** SCOTT LEVINE

01/11/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name BONVILLE, CLAUDETTE
Address ATLANTIS MANAGEMENT SERVICES
11011 SHERIDAN STREET SUITE 208
City-State-Zip: COOPER CITY FL 33026

Title D
Name SCHEINMAN, DAVID
Address ATLANTIS MANAGEMENT SERVICES
11011 SHERIDAN STREET SUITE 208
City-State-Zip: COOPER CITY FL 33026

Title D
Name LUCA, ARTHUR
Address ATLANTIS MANAGEMENT SERVICES
11011 SHERIDAN STREET SUITE 208
City-State-Zip: COOPER CITY FL 33026

Title T
Name WEISMAN, JANET
Address ATLANTIS MANAGEMENT SERVICES
11011 SHERIDAN STREET SUITE 208
City-State-Zip: COOPER CITY FL 33026

Title DIRECTOR
Name ELHADDAD, SHERIF
Address ATLANTIS MANAGEMENT SERVICES
11011 SHERIDAN STREET SUITE 208
City-State-Zip: COOPER CITY FL 33026

Title PRESIDENT
Name LAKHLANI, NEIL
Address ATLANTIS MANAGEMENT SERVICES
11011 SHERIDAN STREET SUITE 208
City-State-Zip: COOPER CITY FL 33026

Title S
Name DARVIN, MICHELE
Address ATLANTIS MANAGEMENT SERVICES
11011 SHERIDAN STREET SUITE 208
City-State-Zip: COOPER CITY FL 33026

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NEIL LAKHLANI

PRESIDENT

01/11/2018

Electronic Signature of Signing Officer/Director Detail

Date